



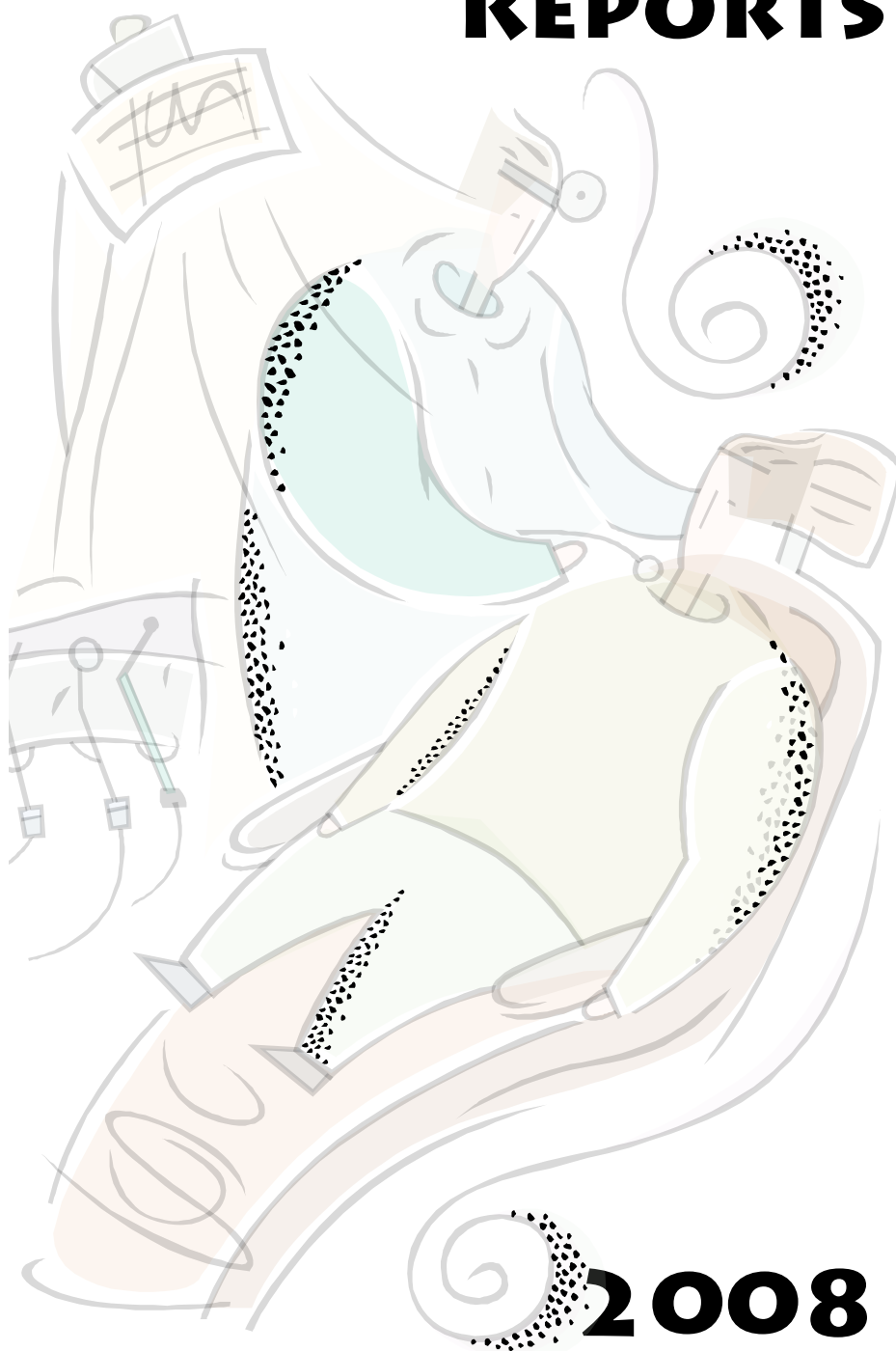
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Health care vouchers for the elderly
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Health Care Vouchers for the Elderly and Utilization of Dental Services

Group 4.4 (07/08)

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1. ABSTRACT

Background: As announced by the Chief Executive in the 2007-08 Policy Address, the government of HKSAR planned to introduce the Health Care Vouchers for the Elderly in the 2008-09 financial year. In the scheme, 5 health care vouchers, each worth \$50, would be offered to elderly aged 70 or above annually in order to subsidize their expenses in private primary care services. This trial scheme would be launched for 3 years. It aims at providing additional choices for the elderly on top of the existing public primary care services with a view to enhancing the primary care services for the elderly. **Aim:** To find out the anticipated change in the utilization of dental care services with the introduction of the Health Care Vouchers for the Elderly. **Methods:** Elderly aged 70 or above from randomly selected elderly centres were recruited as the target group. A questionnaire was designed and individual interviews were carried out to collect information on their current utilization of dental services, opinions on the Health Care Vouchers for the Elderly, willingness to use the vouchers in dental care services and the anticipated change in their utilization pattern. **Results:** Altogether 240 questionnaires were successfully completed and were used for analysis. The elderly had different opinions on the appropriate total value and the value of each voucher. A significantly higher percentage (45%) of the younger age group (70-74 years old) were willing to use the vouchers on dental care services compared to the older age group (75-79 and 80+ years old) which had lower percentages (30%, 26%, $p=0.025$). A significantly higher percentage of elderly with current dental problem (52%) intended to use the vouchers on dental care services compared to 19% of the elderly without current dental problem ($p<0.001$). Those subjects who perceived themselves as having dental problems (44%) were twice as likely to pay more dental visits compared to those who did not (24%, $p=0.002$). A significant difference was also found in which 48% of the subjects who worried about the high cost of dental treatments would pay more dental visits, compared to only 30% of the subjects who did not ($p=0.043$). **Conclusions:** The elderly had different opinions on the appropriate total value and the value of each voucher. Concerning the eligible age, more elderly would like to lower it than those who were satisfied with the government's proposal. The willingness of spending vouchers on dental services decreased with the age of elderly. Elderly who were worried of high cost of dental services and those with current dental problems would anticipate more frequent dental visits with the introduction of health care vouchers.

2. INTRODUCTION

According to Population By-census 2006 conducted by the Census and Statistics Department, HKSAR, there were 852,796 people aged 65 or above in Hong Kong which accounts for 12.4% of the total population.¹ This group of population has been increasing steadily from 10.1% in 1996 and 11.1% in 2001 to the current figure. This surge in the aging population presents a vital challenge to health care decision makers with respect to social, economic, and political issues related to the older adults in Hong Kong.²

Currently, elderly aged 65-69 are entitled to apply for the Normal Old Age Allowance, which is \$625 per month. While all elderly aged 70 or above are receiving the Higher Old Age Allowance, which is \$705 per month.³ In the coming financial year, the government will provide each Old Age Allowance recipient with a one-off grant of \$3,000.⁴ On top of that, under the Senior Citizen Card Scheme, all elderly aged 65 or above enjoy certain privilege offered by various organizations and companies, from both public and private sectors.⁵

The Health Care Vouchers for the Elderly was proposed in the 2007-08 Policy Address to cater the increasing health care needs of the elderly as a token of appreciation of their contributions to our society. The details of the proposed Health Care Vouchers for the Elderly are as follows:

“The Government will launch a trial scheme under which all citizens aged 70 or above will be given annually five health care vouchers worth \$50 each to subsidize primary medical care services they purchase from the private sector. The vouchers can be used for services provided by western and Chinese medicine practitioners, allied health professionals and dental practitioners, as well as for preventive services such as medical examination or vaccination, and therapeutic services... this initiative enables them to choose more freely various primary medical care services in the local community and therefore reduces the waiting time... The health care vouchers will cost some \$150 million annually. The three-year trial scheme will be subject to a full review. The Secretary for Food and Health will draw up details of the scheme, which is expected to be implemented in the 2008-09 financial year.”⁶

Unlike our medical counterpart, the dental services available to the general public are largely offered by the private sector. Government dental clinics only offer extraction as pain relief to the general public. With the subsidy of the health care vouchers, the elderly who cannot afford private dental services on their own are then given an extra option. We are interested in knowing whether this freedom of choice will bring about any anticipated change to the current situation.

Hence, older adults aged 70 years or above were interviewed. Their current utilization of dental services, opinions on the Health Care Vouchers for the Elderly, willingness to use the vouchers and the anticipated change in their utilization pattern were investigated. We hope that the data collected will be of interest to practicing dentists and the government.

3. AIM AND OBJECTIVES

Aim

To find out the anticipated change in the utilization of dental care services with the introduction of the Health Care Vouchers for the Elderly.

Objectives

1. To collect information on current utilization of dental care services of the elderly
2. To collect information on opinions regarding the proposed Health Care Vouchers for the Elderly
3. To collect information on elderly's willingness to use the proposed health care vouchers on dental care services
4. To assess the anticipated change of utilization of dental care services with the introduction of the Health Care Vouchers for the Elderly

4. MATERIALS AND METHOD

4.1 Target group

Elderly aged 70 or above in Hong Kong were selected as the target group of this project. This age group was selected as only elderly aged 70 or above is eligible for the Health Care Vouchers for the Elderly. The project aimed to interview more than 200 elderly aged 70 or above and they were recruited in randomly selected elderly centres.

4.2 Study population and sampling method

There are four types of elderly centres in Hong Kong: District Elderly Community Centres, Neighbourhood Elderly Centres, Social Centres for the Elderly and Day Care Centres and Units for the Elderly. Elderly from Day Care Centres and Units were excluded in this project because the elderly there suffer from moderate or severe level of impairment. Therefore the elderly in these centres are relatively unfit and are less able to get around by themselves to go seek medical and dental services. The lists of the other three types of centres were obtained from the website of the Social Welfare Department, HKSAR (www.swd.gov.hk). All together there were 216 centres and their names were listed alphabetically, 20 centres were selected randomly using simple random sampling method.

Letters (Appendix I) were sent and phone calls were made to contact the selected 20 centres. The proposal of the project (Appendix II) including the aim and objectives of the project and the draft of the questionnaire were also sent to the centre-in-charge of the centres. As a token of appreciation for the centres that agreed to participate, an oral hygiene instruction talk was offered for those centres interested.

There were a total of 5 centres willing to participate in the project. The centres were as follow:

- 1) Sheng Kung Hui Welfare Council Western District Elderly Community Centre
- 2) Tsim Sha Tsui District Kai-fong Welfare Association, Activities Centre for the Elderly
- 3) Ching Chung Taoist Association of Hong Kong Ltd. Rev. Hau Po Wun Social Centre for the Elderly
- 4) Hong Kong Buddhist Association Buddhist Foo Wong Hop Neighbourhood Elderly Centre
- 5) Hong Kong Buddhist Association Buddhist Ching Hang Neighbourhood Elderly Centre

4.3 Survey procedures and questionnaire design

A structured questionnaire was used to collect information. The face-to-face interviews were conducted by 9 group members during our visits to the 5 elderly centres in four days. The interviews lasted for approximately 15 minutes each.

The questionnaire was constructed after a critical appraisal of the previous related surveys, gathering all the valuable opinions from our advisor and modified according to the pilot test we had done. In the pilot test, 15 patients aged 70 or above were interviewed at the Prince Philip Dental Hospital.

There were three parts in the questionnaire (Appendix III, IV):

1. Personal information
 - i. Age
 - ii. Gender
 - iii. Comprehensive Social Security Assistance recipience
 - iv. Medical and dental health status
2. Information on current utilization of oral health care service of the elderly
 - i. Frequency of dental visit
 - ii. Time and reasons for last dental visit
 - iii. Dental treatments received in the past 5 years
 - iv. Attitude towards hypothetical dental problems
3. Opinions regarding the proposed Health Care Vouchers for the Elderly
 - i. Distribution of vouchers in different health care services and reasons
 - ii. Comments concerning the health care vouchers scheme such as the eligible age, total value and the value of each voucher
 - iii. Anticipated change in utilization of dental service after the introduction of health care vouchers scheme

During the interviews, props such as boards and virtual health care vouchers (Appendix V, VI) were given to the interviewees to facilitate the understanding of the questions. The boards included pictures representing various health care services that can be subsidized by the Health Care Vouchers for the Elderly. Interviewees were given 5 virtual vouchers and were asked to place the vouchers on the pictures to show how they anticipated distributing the vouchers in different health care services.

In order to encourage the participation, a package of souvenirs including 2 toothbrushes and a tube of toothpaste were given to the interviewees after the interviews.

4.4 Oral hygiene instruction talk

The oral hygiene instruction talk was given to 4 of the 5 elderly centres participated in the project.

The presentations in the form of a PowerPoint and video shows were given to members of the elderly centres. The content of the talk included tooth brushing techniques, prosthesis hygiene instructions, and a question and answer session. The videos demonstrated the technique of cleaning natural teeth, removable and fixed prosthesis. The videos were extracted from the VCD distributed by the Department of Health (Appendix VII). Oral hygiene models, interdental brush, single tuft brush and superfloss were used in the demonstration during the talk.

4.5 Data analysis

All data collected were entered into the computer with Microsoft Excel, crossed checked and analyzed using the statistical software package SPSS for Windows 16.0. Frequency distributions of background information of participants, current utilization of dental services, opinions about the health care vouchers scheme and anticipated change in utilization of dental services with the introduction of the health care vouchers scheme were presented. Chi-square or Chi-square exact tests (used if >20% cells with expected frequency <5) were performed to investigate the relationships between willingness to use health care vouchers in dental services, anticipated change in dental service utilization after introduction of health care vouchers scheme and the background information of the elderly including age, gender, Comprehensive Social Security Assistance recipience, current medical and dental health status. The level of significance of the tests was set to be 0.05.

5. RESULTS

5.1 Background information of the respondents

A total of 256 elderly were interviewed in 5 elderly centres. 16 were voided due to inability to understand the questions. Therefore 240 interviews were successfully completed and were used for analysis. All of the percentages presented in this section were calculated based on the valid samples of each question.

Background information of the respondents is summarized in Table 1. Among the 240 interviewees, 76% were female and 24% were male (F:M = 3:1). This ratio merely corresponded to the gender ratio of the members in those elderly centres enrolled in our project. For the age distribution, most of the interviewees were from the age group 70 -79 (67%). 28% of the interviewees were recipients of the Comprehensive Social Security Assistance (CSSA).

At the moment of interviews, elderly were asked about their perceived current dental and medical problems. 44% of the elderly had current dental problems. Missing teeth and toothache were the most common complaints (42% and 41% respectively). Mobile teeth was also a major issue which came into the third place (20%). 42% of the interviewees had other dental problems that were not specified in the questionnaire, but most of these were problems associated with dental prostheses. In medical aspects, 77% of the elderly had current health problems that required regular medical visits or long term medication. Among those elderly, majority of them used government medical services.

Table 1. Background information of the participants (n= 240)

	Number of subjects	Percentage
Age		
70-74	82	34.2
75-79	78	32.5
80-84	45	18.7
85+	35	14.6
Gender		
Male	58	24.2
Female	182	75.8
CSSA recipience		
Yes	67	27.9
No	173	72.1
Current dental problem		
Yes	105	43.8
<i>Specific problem (multiple answers allowed) n=105</i>		
<i>Toothache</i>	43	41.0
<i>Mobile tooth</i>	21	20.0
<i>Missing teeth affecting appearance</i>	11	10.5
<i>Missing teeth affecting chewing</i>	33	31.4
<i>Others</i>	44	41.9
No	135	56.2
Current health problem		
Yes	185	77.1
<i>Service provider n=185</i>		
<i>Government</i>	165	89.2
<i>Non-government</i>	11	5.9
<i>Both</i>	9	4.9
No	55	22.9

5.2 Current utilization of dental care services

Information concerning current utilization of dental care services is summarized in Table 2. When the pattern of dental services utilization was investigated, only 6% (13/240) were having regular attendance. Most of them (9/13) visited dentists every 1 to 2 years. On the other hand, 91% (219/240) interviewees were having irregular attendance and 3% (8/240) had never been to a dentist.

Among 232 subjects who had visited a dentist, 58% received dental treatments from private dental service, 15% from non-government organization and 14% from dental services outside Hong Kong. Some elderly sought dental treatments from more than one service provider. Other less common dental service providers which the elderly attended were government-run dental clinics, Prince Phillip Dental Hospital or illegal dentists in Hong Kong. Nearly half of the 232 elderly had their last dental visit over 3 years ago.

The two most common reasons for the last dental visit were missing teeth (47%) and toothache (47%). Other reasons (20%) which were not specified in the questionnaire include problems with prostheses, tooth fractures, extractions and restorations.

For those interviewees who had dental treatments in the past five years, the most common treatments carried out were dental prosthesis construction (47%) and extraction (43%).

We also investigated the reasons why the interviewees did not have regular dental visit or never went to dentist. The most commonly reported reason was no perceived need / perception of good dental health / lack of pain (56%), followed by uncertainty of cost or worry of high cost (19%).

Three hypothetical dental problem situations were provided to the interviewees. 63% of the interviewees would not consider regular dental checkups even if it is advised by dentists. 13% of the 204 dentate interviewees said they would not seek treatment even if they have toothache in the future. 13% interviewees would not seek dental care if they lose teeth that affect appearance, speech and chewing.

Table 2. Information on current utilization of dental care services

	Number of subjects	Percentage
Dental visit (n=240)		
Regular	13	5.4
Irregular	219	91.3
Never	8	3.3
Service provider for those who had regular or irregular dental visit (n=232) <i>(multiple answers allowed)</i>		
Government services for civil servants	4	1.7
Government emergency dental service - pain relief & extraction	25	10.8
Government dental service for CSSA recipients	12	5.2
Non-government organization	34	14.7
Private	135	58.2
PPDH	10	4.3
Outside Hong Kong	33	14.2
Illegal	3	1.3
Others	5	2.2
Reasons for not having regular dental visit (n=227) (multiple answers allowed)		
No pain / no need / teeth were good	128	56.4
Uncertainty of cost / worry of high cost	42	18.5
No time	6	2.6
No teeth, no need to go	26	11.5
Afraid of dentist	7	3.1
Never thought about it / do not know	26	11.5
Cannot / do not know how to find a dentist	6	2.6
Teeth had minor problems only, no need	6	2.6
Others	17	7.5
Interval of visit for those who had regular dental visit (n=13)		
<6 months	1	7.7
>6 months, <1 year	2	15.4
1-2 years	9	69.2
>2 years	1	7.7

Table 2. Information on current utilization of dental care services (Continued)

Last dental visit (n=232)		
<1 year	67	28.9
1-3 years	60	25.9
>3 years	105	45.2
Reasons for last dental visit (n=232) (<i>multiple answers allowed</i>)		
Regular checkup / scaling	18	7.8
Toothache	109	47.0
Mobile tooth	33	14.2
Missing teeth affecting appearance	30	12.9
Missing teeth affecting chewing	80	34.5
Others	47	20.3
Dental treatments received in the past 5 years (n=232)		
Checkup	88	37.9
Scaling	64	27.6
Filling	62	26.7
Extraction	100	43.1
Prosthesis	108	46.6

5.3 Opinions on the proposed Health Care Vouchers for the Elderly

Among 240 interviewees, 27% had heard about the health care vouchers scheme. The information was obtained from television (48%), radio (22%), elderly centre (22%) and newspaper (11%).

Opinions about the preferred total value of the health care vouchers and the value of each voucher were collected (Table 3). 9% interviewees were satisfied with government's proposal of \$250 per year. However, more than half of interviewees (55%, 132/240) found the value of the vouchers insufficient to support the health care cost: 18% suggested the total value to be between \$250 and \$500; 13% suggested the total value to be between \$500 and \$1000; 8% suggested the total value to be more than \$1000; while 16% wanted it to be more than \$250 but could not suggest an exact value. Apart from that, 21% out of the 240 subjects were indifferent and 15% had no idea when asked about the appropriate total value of the vouchers.

Regarding the value of each voucher, excluding those 154 (64%) subjects who were either satisfied with government's proposal or not able to give an exact amount for each voucher, 86 (36%) suggested the value of each voucher to be: \$100 (41, 17%), \$50 (34, 14%) or other values such as \$140 and \$160 (11, 5%).

When considering the eligible age of health care vouchers scheme recipients, 34% of the elderly were satisfied with the current proposal. 44% of the interviewees suggested that elderly below 70 should also be able to benefit from the Health Care Vouchers for the Elderly.

An open question was also set for interviewees to express freely their point of view on the health care vouchers scheme. More than half of them welcomed the introduction of the proposed scheme and thought it would be helpful for the elderly in terms of health care. A small group of them again expressed that \$250 was not enough but better than nothing. A few of them would rather have the amount of Old Age Allowance increased.

Table 3. Information about opinions on the proposed Health Care Vouchers for the Elderly (n=240)

	Number of subjects	Percentage
Total value of health care vouchers per year		
\$250	22	9.2
More than \$250 but no exact amount	38	15.8
>\$250 - \$500	44	18.3
>\$500 - \$1000	32	13.3
>\$1000	18	7.5
Do not know	36	15.0
Does not matter	50	20.9
Eligible age of health care vouchers		
60 and above	37	15.4
65 and above	68	28.3
70 and above	81	33.8
75 and above	5	2.1
Do not know	49	20.4

5.4 Willingness to use the proposed health care vouchers in dental care services

The anticipated use of health care vouchers in different health care services was investigated. Most of the elderly would allocate at least one voucher on western medicine (50%). 34% of them would allocate at least one voucher on dental services, 27% on Chinese medicine, 10% on preventive care and 5% on allied health professionals. The allocation of the 5 health care vouchers in different health care services is summarized in Table 4. There were 13% of the interviewees who distributed 3 or more vouchers in dental services. The main reasons for them to distribute relatively more vouchers in dental services were expensive dental fee, having current dental problems and expenditure on other health care services being covered by CSSA. On the other hand, 66% of the interviewees did not consider using vouchers in dental services. The majority of them (91/159) thought that they had no perceived dental problem and a small group of them (13/159) thought dental treatments cost too much and the vouchers would not help much so they preferred using vouchers in other health care services to dental services. 11% of the elderly would save a portion of the vouchers and 3% would save all 5 vouchers for future use.

26% (63) of the 240 interviewees did not distribute any vouchers at all: 17% (40) would use vouchers depending on future needs and 9% (23) would not use the vouchers.

Table 4. Allocation of the 5 health care vouchers in different health care services (n=240)

Health care service	Number of subjects (Percentage)					
	Number of health care vouchers allocated					
	0	1	2	3	4	5
Western medicine	119 (49.6%)	17 (7.1%)	36 (15.0%)	25 (10.4%)	7 (2.9%)	36 (15.0%)
Chinese medicine	175 (72.9%)	19 (7.9%)	29 (12.1%)	6 (2.5%)	1 (0.4%)	10 (4.2%)
Dental services	159 (66.3%)	21 (8.7%)	29 (12.1%)	6 (2.5%)	3 (1.2%)	22 (9.2%)
Allied health professionals	228 (95.0%)	4 (1.7%)	5 (2.1%)	2 (0.8%)	0 (0.0%)	1 (0.4%)
Preventive services	216 (90.0%)	19 (7.9%)	4 (1.7%)	1 (0.4%)	0 (0.0%)	0 (0.0%)
Save	206 (85.9%)	13 (5.4%)	6 (2.5%)	8 (3.3%)	0 (0.0%)	7 (2.9%)

Correlation between background information of the elderly and their willingness to use the proposed health care vouchers on dental care services was investigated (Table 5). A significantly higher percentage (45%) of the younger age group (70-74 years old) were willing to use the vouchers on dental care services compared to the older age group (75-79 years old: 30%; 80+ years old: 26%; $p=0.025$). A significantly higher percentage of elderly with current dental problem (52%) intended to use the health care vouchers in dental care services comparing to those without current dental problem (19%, $p<0.001$). No significant correlation was found relating to other background information ($p>0.05$).

Table 5. Willingness to use health care vouchers in dental care services (n=240)

Number of subjects (Percentage)			
	Use health care vouchers in dental care services		
	Yes	No	p-value
Age			
70-74	37(45.1%)	45(54.9%)	0.025
75-79	23(29.5%)	55(70.5%)	
80 and above	21(26.2%)	59(73.8%)	
Gender			
Male	14(24.1%)	44(75.9%)	0.072
Female	67(36.8%)	115(63.2%)	
CSSA recipience			
Yes	24(35.8%)	43(64.2%)	0.673
No	57(32.9%)	116(67.1%)	
Current dental problem			
Yes	55(52.4%)	50(47.6%)	<0.001
No	26(19.3%)	109(80.7%)	
Current health problem			
Yes	66(35.7%)	119(64.3%)	0.247
No	15(27.3%)	40(72.7%)	
Worry of high cost			
Yes	17(40.5%)	25(59.5%)	0.287
No	59(31.9%)	126(68.1%)	

5.5 Anticipated change of utilization of dental care services with the introduction of Health Care Vouchers for the Elderly

Among the 240 interviewees, 33% (78) felt that the health care vouchers scheme would encourage them to seek private dentists more often. Around two thirds (64%, 153) of the elderly believed there would be no differences in the way they attended dental care with the introduction of health care vouchers scheme. 9 were unable to give an answer since they could not imagine whether there would be any anticipated change with the yet coming scheme.

Correlation between the background information of the elderly and the anticipated change in utilization of dental services with the introduction of the proposed vouchers was also investigated (Table 6). Those subjects who perceived themselves having dental problems (44%) were twice as likely to pay more dental visits as those who did not (24%, $p=0.002$). A significant difference was also found in which 48% of the subjects who worried about the high cost of dental treatments would pay more dental visits, compared to only 30% of the subjects who did not ($p=0.043$). No significant correlations were found regarding the age, gender, CSSA recipience and medical health status ($p>0.05$).

Table 6. Anticipated change in the utilization of dental care services (n=240)

Number of subjects (Percentage)				
	More dental visit			
	Yes	No	Do not know	p-value
Age				
70-74	35(42.7%)	47(56.1%)	1(1.2%)	0.089*
75-79	21(26.9%)	52(66.7%)	5(6.4%)	
80 and above	22(27.5%)	55(68.7%)	3(3.8%)	
Gender				
Male	19(32.8%)	37(63.8%)	2(3.4%)	0.990
Female	59(32.4%)	116(63.7%)	7(3.9%)	
CSSA recipience				
Yes	23(34.3%)	42(62.7%)	2(3.0%)	0.879
No	55(31.8%)	11(64.2%)	7(4.0%)	
Current dental problem				
Yes	46(43.8%)	54(51.4%)	5(4.8%)	0.002
No	32(23.7%)	99(73.3%)	4(3.0%)	
Current health problem				
Yes	61(33.0%)	119(64.3%)	5(2.7%)	0.293
No	17(30.9%)	34(61.8%)	4(7.3%)	
Worry of high cost				
Yes	20(47.6%)	22(52.4%)	0(0.0%)	0.043
No	55(29.7%)	121(65.4%)	9(4.9%)	

*p-value of Chi-square exact test.

6. DISCUSSION

6.1 Study population and sampling method

The method of interviewing elderly in the elderly centres was selected, as opposed to interviewing elderly randomly on the street; this method was more efficient regarding the time and resources. The first twenty centres from the randomized list of elderly centres were contacted by phone. Frequent follow-up calls were made and emails and faxes were sent with proposals and draft of questionnaires to encourage the elderly centres to participate. At the end there were five elderly centres that agreed to participate in the project and this allowed us to reach our target sample size of interviewing over 200 elderly.

6.2 Current utilization of dental care services

The present study investigated the utilization of dental health services among the elderly interviewed. 91% of the elderly interviewed did not have regular dental checkups while 3% had never been to a dentist before. In our survey only 6% of the elderly reported having regular dental checkups, which was similar to the 9% found in the Oral Health Survey conducted by Department of Health, HKSAR in 2001 (OHS 2001).⁷ Almost half of the elderly who had been to a dentist had their last visit more than 3 years ago. When asked to give reasons for not seeking dental treatment or not having regular dental checkups, over 50% of the reasons given was that there was no pain, they had no teeth or their teeth were in good condition. Most of the elderly felt it is unnecessary to visit a dentist when there was no apparent problem with their teeth. Again these were similar to those found in OHS 2001.⁷ Majority of the elderly that we interviewed would not consider having regular dental checkups even when told that it is advised to do a yearly dental checkup. The results suggested that the utilization of dental services among elderly was problem driven. It is essential that the elderly understand the significance of prevention and maintenance of good oral health in preventing oral disease from reaching a point where symptoms arise that would force them to seek dentist for professional help.

In order to investigate the likelihood of the elderly to seek professional help when dental problem arise, a few questions involving a hypothetical situation were included in our survey. Majority of the elderly claimed that they would seek help when such dental problems such as toothache or missing teeth arise but there was still a minority of elderly would not consider

seeking professional help from dentists. The reluctance of elderly to go visit a dentist might be multi-factorial but one of the main reason might be due to the perceived high cost of dental treatments as it was the second most common reason given by elderly for not regularly visiting dentist or never visiting a dentist before.

6.3 Opinions on the proposed Health Care Vouchers for the Elderly

Only one fourth of the interviewees heard of the Health Care Vouchers for the Elderly. This low percentage might be due to the fact that the scheme had not yet been implemented. Most of them did not have any idea on how to use the vouchers. When the scheme is implemented, the government needs to ensure that more elderly can receive the information necessary for the better use of the vouchers. For those who have heard of the scheme, nearly half of them heard it from television then followed by radio and elderly centres while newspapers only accounted for about one tenth. When it comes to choosing the right media to promote the scheme, the government should carefully evaluate which channels can reach the elderly effectively.

The vouchers should be easy to use both for the elderly and the medical professionals. At the moment, the government proposed the electronic form of health care vouchers. A study regarding the Health Care Vouchers for the Elderly Scheme was conducted, released by Dr. Kwok Ka Ki, in Jan 2008.⁸ It has successfully interviewed 121 dentists and 248 private physicians among a total number of 3920 questionnaires sent, only 57% of dentists and medical doctors had computers connected to the Internet in their clinics and 59% of them did not agree that the government should offer only one method (Internet) for medical professionals to check for the usage of vouchers. The survey suggested both Internet and telephone could be used for that purpose.⁸

Most of the interviewees expressed that the health care vouchers scheme was good for the elderly as most of the elderly were retired, but the amount of subsidy left much to be desired. Only about 10% of the elderly was satisfied with the amount of \$250 while 20% felt the amount did not matter. The remaining elderly believed that the subsidy should be higher as \$250 was insufficient to support the health care cost in a year and might be just enough for them to seek medical consultation for one to two times. Similar to the result found in the above mentioned survey, majority of the medical doctors and dentists felt that the value of each voucher was inadequate and each voucher should be changed from \$50 to \$100 with a

total number of 12 instead of 5 vouchers should be given annually.⁸ In addition, there has been some media coverage regarding the health care vouchers scheme. In general, the value of the health care vouchers was thought to be too low and not enough to encourage elderly to seek private health services. Some even suggested that the government should cut the medical fee for elderly in half.⁹

In April 2008, legislative councillors in the Panel on Health Services meeting proposed that the amount of each voucher should be increased to \$100 and each elderly should be given 10 vouchers with a lower eligible age of 65 years.⁹ If the government subsequently sets the total amount of vouchers for each elderly is \$1000, according to our data, at least 78 % of the interviewees would be happy with it.

We agreed to have the total amount of vouchers to be raised to \$1000 per year. However, we suggest that the scheme should be more flexible so that the subsidy can be spent at any dollar value within an upper limit. If the vouchers are spent with the unit of \$50 or \$100, it may create problems for both elderly and health care professionals. For example, if a medical consultation costs \$120, the government's idea would be either the elderly using one voucher (\$50 each) and paying \$70 cash or 2 vouchers and \$20 cash. Although the purpose of the scheme is not to fully subsidise the medical expenses of the elderly, from a practical point of view, if the elderly does not want to spend that \$20 dollars, some doctors might be driven by the market to set the fee to be either \$150 or \$100 in order to attract the voucher users. Therefore, either an "over treatment" (the \$150 consultation) or a compromised treatment (the \$100 consultation) would be resulted and it is reasonable to be believed that the later one will dominate. As the administration and handling of vouchers will be in a digital means rather than a physical form, technically it should not be too difficult to implement.

One third of the interviewees were happy with the eligible age of 70 or above as they thought that starting from the age of 70 years, people usually would suffer from more diseases. However, 44% elderly thought the age limit should be set lower, e.g. 65 or 60 years as this was about the age people started to retire. While from the above mentioned survey, 74% of the medical doctors and dentists agreed that the eligible age for the proposed Health Care Vouchers for the Elderly should be changed from aged 70 or above to aged 65 or above.⁸

In short, this health care vouchers scheme was thought to be a good way to encourage elderly to seek medical treatments from the private sector. This also allowed the medical staff to build a professional relationship with the elderly patient in order for better overall care and focusing on preventive care instead of symptom based care. Providing another option of going to private clinics also might help reducing the waiting time for government medical services. However, the total value of vouchers needed to be increased and the age limit should be lowered.

6.4 Willingness to use the proposed health care vouchers in dental care services

Concerning the allocation of health care vouchers in different health care services, the most “voucher catching” health care service was western medicine, about half of the elderly would use one or more vouchers in it. The second was dental services, about one third elderly anticipating to spend the voucher in dentistry.

Interestingly, 9% of interviewees planned to use all 5 vouchers on dental care. One of the main reasons was that other health care expenses were well covered or highly subsidized by the public health care system so that they could free all 5 vouchers for dental use. Other reasons includes: dental fee was expensive therefore needed to be subsidized with vouchers; and they had perceived dental problems so that they anticipated seeking treatment. On the contrary, about two third of the interviewees planned to spend no voucher on dental services with reasons such as no perceived dental problems and dental services being too expensive that the voucher could not help much. The younger group (70-74 years old) of the elderly ($p=0.025$) and those with perceived dental problems ($p<0.001$) had a higher willingness to spend the vouchers on dental care. This was predictable because it is more difficult for the older age group to understand and accept new scheme. For the elderly who perceived they had dental problem and who were worried about the high cost of dental fee, they would pay more dental visits with the introduction of the voucher scheme. Therefore, these three groups of the elderly would have a higher willingness to spend vouchers on dental care services.

6.5 Anticipated change in utilization of dental care services with the introduction of Health Care Vouchers for the Elderly

One of the main objectives of our survey was to investigate whether the introduction of the Health Care Vouchers for the Elderly would change the utilization behaviour of private dental services. About one third of the elderly felt that the health care vouchers would encourage

them to visit private dentist while two third of the elderly felt it would make no difference. This anticipated change was encouraging as one third of the elderly would give more thought on going to a private dentist for regular checkups or when dental problems arise. This facilitates preventive oral care and allows dental problems to be arrested at the early stages.

The elderly who perceived themselves as having dental problems were twice as likely to have dental visits more often as those who did not. This result was consistent with our expectation as the utilization of dental care services was mainly problem driven for the elderly. Those perceived themselves having dental problem felt that they had immediate need and would attend private dentist more readily when they have the vouchers to reduce the treatment fee.

A significant difference was also found in which about half of the elderly who worried about the high cost of dental treatments would have dental visits more often compared to those who did not. Without the health care vouchers, elderly might not consider going to a private dentist due to the perceived expensive fees for dental treatments. The upcoming health care vouchers would be able to subsidize all or part of the costs, depending on the type of treatments. Therefore the option of going to visit a private dentist might seem more feasible than waiting for the emergency pain relief care provided by the government or seeking treatment from other means in terms of time and convenience.

7. CONCLUSIONS

1. Most of the elderly were irregular attendant. Half of them sought dental treatment from private dentists. Their common dental problems were missing teeth and toothache and the most treatments received were dental prosthesis construction and extraction.
2. Generally, the elderly welcomed the proposed scheme and thought it would be helpful in their health care. But half of the elderly were not satisfied with the total value of health care vouchers, \$250 per year would be too little to subsidize their health care expenditure. The elderly had different opinions on the appropriate total value and the value of each voucher. Concerning the eligible age, more elderly would like to lower it than those who were satisfied with the government's proposal.
3. About one third of the elderly were willing to use the health care vouchers in dental services. The willingness of spending vouchers on dental services decreased with the age of the elderly. More elderly with current dental problems were willing to spend their vouchers on dental services than those without current dental problems.
4. One third of elderly would be encouraged to have more frequent dental visits with the introduction of health care vouchers. Elderly who were worried of high cost of dental services and those with current dental problems would anticipate more frequent dental visits.

8. RECOMMENDATION

Before the Health Care Vouchers for the Elderly is implemented, we would like to make four recommendations to the HKSAR government for reference.

Firstly, in order to fulfil the expectation of most elderly, the total value of the health care vouchers per year should be increased from \$250 to \$1000, and the eligible age should be lowered from 70 years old to 65 years old. The value of each voucher should be flexible instead of any fixed number. The elderly should be allowed to have the exact amount of the treatment fee subsidized as long as the annual quota is not exceeded.

Secondly, the elderly should be well informed about the health care voucher scheme and be instructed properly how to use the vouchers. Broadcast through television and radio are the most effective means to promote the scheme for the elderly. Elderly centres are also valuable channels to reach the elderly. Distributing booklets is not recommended because it is too passive and difficult to understand for some elderly.

Thirdly, more resources should be allocated to raise the dental awareness of the elderly. Right media e.g. television, radio, elderly centres, should be chosen to educate them about the significance of prevention and maintenance of good oral health. Furthermore, education of family members about oral health is also helpful.

Last but not least, after the launch of the health care vouchers scheme, further research to assess the utilization of the health care vouchers at half year interval is valuable, as proposed by Food and Environmental Hygiene Department.

9. ACKNOWLEDGEMENTS

To end with, we would like to express our gratitude to Dr. May CM Wong for her kindness and professional guidance in all aspects of the project.

We would like to thank Professors Tak TW Chow and Anne S McMillan for their support and arrangement which facilitated our pilot test for the questionnaire.

We are particularly grateful to the following centres:

1. Sheng Kung Hui Welfare Council Western District Elderly Community Centre
2. Tsim Sha Tsui District Kai-fong Welfare Association, Activities Centre for the Elderly
3. Ching Chung Taoist Association of Hong Kong Ltd. Rev. Hau Po Wun Social Centre for the Elderly
4. Hong Kong Buddhist Association Buddhist Foo Wong Hop Neighbourhood Elderly Centre
5. Hong Kong Buddhist Association Buddhist Ching Hang Neighbourhood Elderly Centre

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<http://www.takungpao.com/news/08/01/15/GW-850966.htm> Takungpao 15th Jan. 2008
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Appendix I

Dear Sir/Madam,

We are a group of Fourth Year dental students from the University of Hong Kong, writing to invite your elderly centre to participate in our Community Health Project “Health Care Vouchers for the Elderly and the Utilization of Dental Services”.

Our community project consists of a survey that focuses on the utilization of dental services by the elderly, aged 70 or above, and how the proposed Health Care Vouchers for the Elderly, introduced in the Policy Address 08, dated on 10th October 2007, might affect the elderly’s utilization of dental health services.

We would like to conduct our survey by coming to visit your centre and carrying out 15-minute face-to-face interviews with approximately 50 elderly from your centre. In addition, a talk on oral hygiene instructions catered to the elderly would be given for the members of your elderly centre if preferred, as a token of appreciation of your participation. We have planned to carry out this survey during the period of 23rd February to 9th March, 2008. The proposal of our community health project is enclosed with this letter, please kindly read for your reference.

We would be grateful if you could render your invaluable participation to our project. Should you have any questions, please feel free to contact Mr. SO Man Kin, Kiwi at 6121-9521 or at group4chp@googlegroups.com. We look forward to your favourable reply. Thank you for your time and consideration.

Yours sincerely,

Mr. SO Man Kin, Kiwi
Student Representative
BDS IV Group 4.4

Dr. May C.M. WONG
Project Supervisor
Assistant Professor
Dental Public Health
Faculty of Dentistry
The University of Hong Kong

Appendix II

Proposal of Dental Public Health Project 2008 (Group 4.4)

Health Care Vouchers for the Elderly and the utilization of dental services

Aim

To find out the anticipated change in the utilization of dental care services with the introduction of the Health Care Vouchers for the Elderly.

Objectives

1. To collect information on current utilization of dental care services of the elderly
2. To collect information on attitude towards the proposed Health Care Vouchers for the Elderly
3. To collect information on elderly's willingness to use the proposed health care vouchers on dental care services
4. To assess the anticipated change of utilization of dental care services with the introduction of the Health Care Vouchers for the Elderly

Target Group:

People aged 70 or above

Interview period:

23rd February to 9th March, 2008

Project details:

A total of 200 people aged 70 years or above, 50 from each of the four randomly selected elderly centres, would be interviewed.

1. Face-to-face Interview

Information would be obtained in the format of face-to-face interviews with the elderly from the randomly selected elderly centres. Each interview would last for approximately 15 minutes. The questions would include interviewee's current utilization of dental care services and views on the future Health Care Vouchers for the Elderly Scheme.

2. Talk on Oral Hygiene Instructions

As a token of appreciation, a talk on oral hygiene instructions catered to the elderly would be given to the members of the participating elderly centres.

Appendix III

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香港大學牙醫學院 長者醫療券及牙科服務使用問卷調查

1. 年齡：
☐ 70-74 歲 ☐ 75-79 歲 ☐ 80-84 歲 ☐ 85 歲或以上
2. 性別：
☐ 男 ☐ 女
3. 你有冇攞綜援？
☐ 有 ☐ 沒有
4. 你有冇定期睇牙醫？
☐ 有 去邊度睇？ 請列明地點：_____
(轉第 5 題)
☐ 沒有定期 去邊度睇？ 請列明地點：_____
(續問後轉第 6 題)
☐ 從來沒有
(續問後轉第 9 題)

續問: 若沒有定期或從來沒有睇牙醫 原因: (可選多於一項)
☐ 冇牙痛 / 冇需要 / 牙齒情況良好 ☐ 冇諗過 / 唔知道
☐ 唔肯定價錢 / 擔心價錢貴 ☐ 搵唔到牙醫
☐ 冇時間 ☐ 只係小問題，所以唔使睇牙醫
☐ 冇牙所以冇需要
☐ 怕睇牙醫
☐ 其他，請列明_____
5. 你幾耐睇一次牙？
☐ 少於六個月 ☐ 六個月至一年內 ☐ 一年至兩年內 ☐ 兩年或以上
6. 你上次睇牙係幾時？
☐ 少於一年前 ☐ 一至三年前 ☐ 三年前以上
7. 你上次睇牙係因為咩事啊？ (可選多於一項)
☐ 定期檢查/洗牙 ☐ 牙痛 ☐ 牙齒鬆脫
☐ 無咗啲牙影響外觀 ☐ 無咗啲牙影響講嘢食嘢
☐ 其他，請列明:_____

8. 你近五年有冇去牙醫診所...

- a. 檢查牙齒? ☐ 有 ☐ 沒有 ☐ 忘記
- b. 洗牙? ☐ 有 ☐ 沒有 ☐ 忘記
- c. 補牙? ☐ 有 ☐ 沒有 ☐ 忘記
- d. 剝牙? ☐ 有 ☐ 沒有 ☐ 忘記
- e. 造假牙/鑲牙? ☐ 有 ☐ 沒有 ☐ 忘記
- f. 其他, 請列明: _____

9.a. 牙醫建議每年最少做一次牙科檢查, 你聽咗呢個建議之後會唔會定期去睇牙?

☐ 會 ☐ 不會 ☐ 不知道

b. 如果你有牙痛問題, 你會唔會去睇牙醫? (如受訪人沒有牙齒, 則不須提問)

☐ 會 ☐ 不會 ☐ 不知道

c. 如果你有咗啲牙令到外觀、講嘢或者食嘢受影響, 你會唔會去睇牙醫??

☐ 會 ☐ 不會 ☐ 不知道

10. 你有冇聽過「長者醫療券」? ☐ 有: 邊度聽到 _____ ☐ 沒有

請給受訪者 5 張寫上「長者醫療券」的紙張及簡單介紹「長者醫療券」

政府將會推出一項試驗計劃,

- 為七十歲或以上長者,
- 每年畀 5 張, 50 蚊, 總共 250 蚊嘅醫療券,
- 每次可以用多過一張,
- 一年用唔晒嘅醫療券可以儲起嚟遲啲用,
- 資助長者使用**私家**嘅醫療服務,
- 但醫療券唔可以用喺**公立醫院**同**政府診所**。
- 醫療券可以用嚟睇西醫、中醫、牙醫, 同專職醫療, 例如物理治療、言語治療、職業治療,
- 亦可以用嚟做預防性嘅服務, 例如身體檢查或者預防針。

11a. 如果你而家有 5 張醫療券, 你會打算點樣分配呢五張醫療券呢?

請用你手上嘅醫療券嚟表達每項治療服務所需嘅數目 (0 - 5)

☐ 西醫醫療 ☐ 中醫醫療 ☐ 牙科服務

☐ 專職醫療, 例如物理治療、言語治療、職業治療

☐ 預防性嘅服務, 例如身體檢查或者打預防針

☐ 儲起嚟 ☐ 唔用, 原因: _____

☐ 視乎需要

11b. 點解你有諗過將醫療券用喺牙科服務? (如果受訪者唔用喺牙科先問)

11c. 點解你用____張 (大過或等於 3 張) 嘅牙科服務?

12. 你認為有長者醫療券會唔會令你睇多啲私家牙醫呢?

- ☐ 會 ☐ 不會，原因_____
- ☐ 不知道

13. 現時，長者醫療券每張 50 蚊，有 5 張，總金額 250 蚊。

你認為長者醫療券嘅總金額應該定為幾多?

\$_____ ☐ 不知道 ☐ 沒所謂

應該每張幾錢?

\$_____ ☐ 不知道

14. 現時，長者醫療券畀 70 歲以上嘅長者。

你認為長者醫療券應該畀幾多歲以上嘅長者?

- ☐ 60 歲或以上 ☐ 65 歲或以上 ☐ 70 歲或以上
- ☐ 75 歲或以上 ☐ 不知道

15. 你對長者醫療券計劃有咩睇法? (如空間不足可寫在背頁，但請註明 □)

16. 你而家有冇牙齒問題? (可選多於一項)

- ☐ 有
- ☐ 牙痛 ☐ 牙齒鬆脫 ☐ 冇咗啲牙影響外觀
- ☐ 冇咗啲牙影響講嘢食嘢 ☐ 其他，請列明_____
- ☐ 沒有

17. 你身體有冇咩事而令你要長期覆診或者食藥?

- ☐ 有 請列明: _____
- 去邊度睇? 請列明: _____
- ☐ 沒有

~問卷完 唔該晒~

Appendix IV

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The University of Hong Kong **Faculty of Dentistry** **Health Care Vouchers for the Elderly and the Utilization of Dental Services**

1. Age :

- ☐ 70-74 years old ☐ 75-79 years old
☐ 80-84 years old ☐ 85 years old and above

2. Gender : ☐ Male ☐ Female

3. Are you a recipient of Comprehensive Social Security Assistance?

- ☐ Yes ☐ No

4. Do you regularly visit a dentist?

- ☐ Yes Where? Please Specify: _____

(Go to Question 5)

- ☐ No Where? Please Specify: _____

(Go to Question 6)

- ☐ Never been to a dentist before

(Go to Question 9)

The reason(s) for not regularly visiting a dentist: *(Can choose more than 1)*

- ☐ No pain / No need / Teeth were good
☐ Uncertainty of cost/ Worry of high cost
☐ No time
☐ No teeth, no need to go
☐ Afraid of dentist
☐ Never thought about it / don't know
☐ Cannot / Do not know how to find a dentist
☐ Teeth had minor problems only, no need
☐ Others. Please Specify _____

5. How often do you visit a dentist?

- ☐ Less than 6 months ☐ 6 months to less than 1 year
☐ 1 year to less than 2 years ☐ 2 years or longer

6. When was your last dental visit?

- ☐ Less than 1 year ago ☐ 1 to 3 years ago ☐ More than 3 years ago

7. What was the reason for your last dental visit ? *(can choose more than 1)*
- ☐ Regular checkup/Scaling ☐ Toothache ☐ Mobile tooth
- ☐ Missing teeth affecting appearance
- ☐ Missing teeth affecting chewing
- ☐ Others, please specify: _____
8. In the past 5 years, have you been to a dental clinic for:
- a. Dental checkup? ☐ Yes ☐ No ☐ Forgot
- b. Scaling? ☐ Yes ☐ No ☐ Forgot
- c. Filling? ☐ Yes ☐ No ☐ Forgot
- d. Extraction? ☐ Yes ☐ No ☐ Forgot
- e. Dental prosthesis? ☐ Yes ☐ No ☐ Forgot
- f. Other, please specify: _____
- 9.a. Dentist recommended having a dental checkup at least once a year, after hearing this recommendation would you consider having regular dental checkups?
- ☐ Yes ☐ No ☐ Do not know
- b. If you have toothache , would you go visit a dentist? *(Do not need to ask this question if the interviewee is edentulous)*
- ☐ Yes ☐ No ☐ Do not know
- c. If you have lost some teeth which affected your appearance, speech and chewing, would you go visit a dentist?
- ☐ Yes ☐ No ☐ Do not know
-
10. Have you heard of the “Health Care Vouchers for the Elderly”?
- ☐ Yes. Please specify where: _____
- ☐ No

Please give the interviewee 5 virtual vouchers that has “Health Care Voucher” printed on it and give a brief introduction of the “Health Care Vouchers for the Elderly Scheme”

The government will launch a trial scheme:

- For all citizens aged 70 and above will be given annually five, \$50 Health Care Vouchers in total \$250 per year. More than one voucher can be used at one time
- The vouchers from one year can be accumulated and used in later years
- Subsidize elderly to seek primary health care from the private sector
- The vouchers cannot be used in Public Hospitals or Public Clinics
- The health care vouchers can be used for services provided by Western and Chinese medicine practitioners, allied health professionals and dental practitioners
- Also, for preventive services such as medical examination or vaccination, and therapeutic services.

11a. If you have 5 health care vouchers now, how would you distribute them among these different services?

Please put the simulated health care vouchers on each of the services shown on the board (0-5)

- ☐ Western medicine practitioner
- ☐ Chinese medicine practitioner
- ☐ Dental practitioner
- ☐ Allied health professionals: physiotherapy, speech therapy, occupational therapy
- ☐ Preventive services such as medical exam or vaccination

☐ Save them up

☐ Depends

☐ Will not use. Please specify why:_____

11b. Why haven't you considered using the health care vouchers in dental services?
(If interviewee did not put any vouchers in dental services)

11c. Why did you use_____ vouchers (3 or more vouchers) on dental services?

12. Do you think the health care vouchers will encourage you to visit private dentists more often?

☐ Yes

☐ No , please specify reason:_____

☐ Do not know

13. At this moment, the proposed health care vouchers scheme consists of 5 health care vouchers each worth \$50, in total \$250 for each year.

In your opinion, what should be the amount of health care vouchers for each year?

\$_____ ☐ Do not know ☐ Does not matter

How much should each health care voucher be worth?





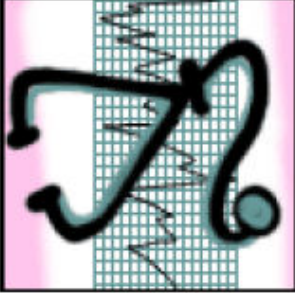

\$_____ ☐ Do not know

14. At this moment , only elderly 70 years old and above are eligible for the proposed health care vouchers scheme.
In your opinion, what should be the minimum age requirement to be eligible for the Health Care Vouchers for the Elderly?
- ☐ 60 years old and above
- ☐ 65 years old and above
- ☐ 75 years old and above
- ☐ Do not know.
15. Do you have any other opinions on the proposed Health Care Vouchers for the Elderly Scheme?
- _____
- _____
- _____
- _____
16. Do you have any problems with your teeth? (Can choose more than one)
- ☐ Yes
- ☐ Toothache
- ☐ Mobile tooth
- ☐ Missing teeth affecting appearance
- ☐ Missing teeth affecting chewing
- ☐ Others , Please Specify_____
- ☐ No
17. Do you have any medical problems that require regular review or/and long term medication?
- ☐ Yes, please specify: _____
- Where? Please specify:_____
- ☐ No

~ The End. Thank you!~

Appendix V

Board

<p>牙醫</p> 	<p>儲存</p> 
<p>中醫</p> 	<p>預防性的服務</p> 
<p>西醫</p> 	<p>專職醫療</p> 

Appendix VI

Virtual health care vouchers

醫療券 \$50	醫療券 \$50
醫療券 \$50	醫療券 \$50
醫療券 \$50	醫療券 \$50
醫療券 \$50	醫療券 \$50

Appendix VII

VCD from Department of Health

